of .2 to .5 g., 2.5 to 5 g. should be used in severe cases, as the initial dose. This is administered twice daily and gradually lessened in quantity, and continued for two or three weeks. Before giving the remedy the rectum should be washed out with soap and water, followed by normal saline or bicarbonate of sodium solution to remove mucus which interferes with absorption. A chill frequently occurs in one to five hours after the remedy is administered.

The rate of absorption can be judged by the use of the Röntgen rays. In one instance observed, the greater part was absorbed in an hour, and almost all in the second hour. If the preliminary washing is omitted, the intestinal mucus interferes with absorption, and a distinct shadow may be seen six hours later.

In milder cases smaller doses may be used, beginning with 1 g. and reducing the dose after a few days to .5 g., and continued for not less than eight to fourteen days. Within a few days there is almost always an improvement in the general condition: increase in appetite, lowering of temperature and pulse and localisation of the disease.

A number of illustrative cases are recorded, amongst them recovery from a very severe gonococcus infection acquired by a surgeon through a wound in the finger.

Not only are the septic diseases benefitted, but a variety of other infections, such as pneumonia, typhoid, epidemic meningitis, dysentery and infectious gastro-intestinal catarrh, particularly in children.

CUSHING & BORDLEY. "Subtemporal Decompression in a Case of Chronic Nephritis with Uræmia; with Especial consideration of the Retinal Lesion." *Am. Jn. Med. Sc.*, Oct. 1908.

The case on which this paper is based was one of uræmia, in which marked improvement took place after removing a plate of four and opening the dura beneath the temporal muscle. After a few days the headaches subsided; there was no further nausea or vomiting; her stupor disappeared; the usual lethargy state was replaced by a normal mental activity. Death ultimately occurred from cerebral hæmorrhage.

The operation was based on the view that the symptoms of uræmia are due to increased intra-cerebral pressure, and not to the generally accepted theory that they result from a toxic process. Many of the symptoms of uræmia correspond to those of increased pressure, notably headache, vomiting, drowsiness and vertigo, and the disturbances of respiration culminating in the Cheyne-Stoke's type. Local œdemas may account for focal palsies of cerebral origin which not infrequently occur in advanced renal disease, and owing to the reason that œdema is an evanescent condition, there is no evidence of it post mortem.